

(818) 677-2012

AS/CSUN Children's Center
 18111 Nordhoff St.
 Northridge, CA 91330-8278

fax (818) 677-6796

www.csun.edu/as/childrens-center

Registration Form for Full Cost Center Waiting List

Child's Name: _____
Last First M.I.

Birthday/Due Date: _____ Child's Sex: _____

Applicant Parent Name: _____
Last First

Status (check one): Student _____ CSUN Alumni _____ Faculty/Staff _____ Community Member _____

Student ID Number (CSUNstudent/Alumni): _____

Second Parent's Name: _____
Last First

Status (check one): Student _____ CSUN Alumni _____ Faculty/Staff _____ Community Member _____

Student ID Number (CSUNstudent/Alumni): _____

Requested Schedule: (see other side for possible schedules)

SEMESTER:

FALL SPRING SUMMER YEAR: _____
Monday Tuesday Wednesday Thursday Friday

In:	In:	In:	In:	In:
Out:	Out:	Out:	Out:	Out:

Parent Signature **Date**

Home Address: _____
Street City Zip Code

Cell Phone: _____ Email: _____

Home Phone: _____ Business Phone: _____

How did you find out about our program:

CSUN Website Advertisement Flyer Community Event Word of Mouth Other: _____

